



Division of Emergency Medical Services

APPLICATION TO CONDUCT AN EMT EDUCATION PROGRAM/COURSE

Course Type Check only one. Each course requires a separate application.	<input type="checkbox"/> EMT-Basic Initial Training Program <input type="checkbox"/> EMT-Cardiac Initial Training Program <input type="checkbox"/> EMT-Paramedic Initial Training Program <input type="checkbox"/> Orotracheal/Endotracheal Intubation Course <input type="checkbox"/> Refresher Training Program __ Basic __ Cardiac __ Paramedic
Instructor-Coordinator Please provide the name, RI license number and mailing information of the licensed EMT-Instructor/Coordinator responsible for this program.	Name _____ RI License Number _____ Address _____ City, State, Zip Code _____ Phone _____ Fax _____
Sponsoring Agency (If applicable) Please provide the name of the sponsoring agency.	Name _____ Address _____ City, State, Zip Code _____ Phone _____ Fax _____
Course/Training Facility Location Information Please provide the location information for this facility.	Name _____ Address _____ City, State, Zip Code _____
Course Physician Medical Director	Name _____ RI License Number _____ Phone _____
Course Dates	Start Date _____ End Date _____
Student Enrollment	Approximate number of students to be enrolled in this program _____
Textbook(s)	Please list the textbook(s) to be used for this program _____ _____
Online Content	Will the didactic portion of this program be delivered electronically (REFRESHER PROGRAMS ONLY) <input type="checkbox"/> Yes <input type="checkbox"/> No Proposed Vendor _____
Public Course	Is this course open to the public? <input type="checkbox"/> Yes <input type="checkbox"/> No Contact phone number for the public _____
Affadavit of Application	I hereby attest that this course will be conducted in accordance with all standards established by the RI Department of Health, as promulgated in the <i>Curricula & Standards for Rhode Island EMT Training Programs</i> . Instructor/Coordinator Signature _____ Date _____

DOH USE ONLY	<input type="checkbox"/> Complete Date _____ Initials _____ Course Approval # _____
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